

TRANSCRIPT PURCHASE ORDER**For Third Circuit Court of Appeals**

District Court District of Delaware

Court of Appeals Docket No.

District Court Docket No.

08-15 GMS

Short Case Title USA v. Jemain Z. Davis

Date Notice of Appeal Filed by Clerk of District Court 7/29/2008

Part 1. (To be completed by party responsible for ordering transcript)**A.** Complete one of the following and serve ALL COPIES:

TRANSCRIPT:

None Unnecessary for appeal purposes.
 Already on file in the District Court Clerk's office.

This is to order a transcript of the proceedings heard on the date listed below from Kevin Maurer (Court Reporter)
 (Specify on lines below exact date of proceedings to be transcribed). If requesting only partial transcript of the proceedings, specify exactly what portion or what witness testimony is desired.

Sentencing 7/14/2008

NOTE: A SEPARATE FORM IS TO BE TYPED FOR EACH COURT REPORTER IN THIS CASE.

If proceeding to be transcribed was a trial, also check any appropriate box below for special requests; otherwise, this material will NOT be included in the trial transcripts.

Voir dire; Opening statement of plaintiff defendant
 Closing argument of plaintiff defendant
 Jury instructions Sentencing Hearings

B. This is to certify that satisfactory financial arrangements have been completed with the court reporter for payment of the cost of the transcript. The method of payment will be:

Criminal Justice Act (Attach copy of CJA form 24)
 Motion for transcript has been submitted to District Court Judge
 Private Funds

Signature

Date

Print Name

James J. Haley Jr.

Counsel for

Jemain Z. Davis

Address

P.O. Box 188, Wilm., DE 19899

Telephone

(302) 656-7247

Part II. COURT REPORTER ACKNOWLEDGEMENT (To be completed by the Court Reporter and forwarded to the Court of Appeals on the same day transcript order is received.)

Date transcript order received	Estimated completion date; if not within 30 days of date financial arrangements made, motion for extension to be made to Court of Appeals	Estimated number of pages

Arrangements for payment were made on _____
 Arrangements for payment have not been made pursuant to FRAP 10(b)

Date

(Name of Court Reporter)

Telephone

Part III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN THE DISTRICT COURT (To be completed by court reporter on date of filing transcript in District Court and notification must be forwarded to Court of Appeals on the same date.)
 This is to certify that the transcript has been completed and filed with the District Court today.

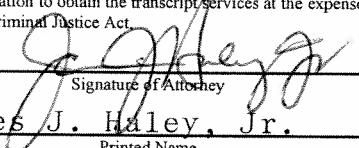
Actual Number of Pages _____

Actual Number of Volumes _____

Date

Signature of Court Reporter

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED Jemain Z. Davis			VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 08-15 GMS	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) USA v. Jemain Z. Davis	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) TD			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:1349 Conspiracy to commit wire fraud- Count I; 18:1957 Illegal monetary transaction-Count II						
REQUEST AND AUTHORIZATION FOR TRANSCRIPT						
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal- Final Judgement						
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). Sentencing Hearing						
14. SPECIAL AUTHORIZATIONS						
A. Apportioned Cost % of transcript with (Give case name and defendant)						JUDGE'S INITIALS
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.						
15. ATTORNEY'S STATEMENT				16. COURT ORDER		
<p>As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.</p> <p> Signature of Attorney James J. Haley, Jr. Printed Name Telephone Number: (302) 656-7247</p>				<p>Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.</p> <p>Signature of Presiding Judge or By Order of the Court Date _____</p>		
				Date _____	Nunc Pro Tunc Date	
CLAIM FOR SERVICES						
17. COURT REPORTER/TRANSCRIBER STATUS				18. PAYEE'S NAME AND MAILING ADDRESS		
<input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				James J. Haley, Jr. Ferrara & Haley P.O. Box 188 Wilmington, DE 19899 <small>Telephone Number: (302) 656-7247</small>		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE 51-0286807						
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original				\$0.00		\$0.00
Copy				\$0.00		\$0.00
Expense (Itemize)						
TOTAL AMOUNT CLAIMED:						\$0.00
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED						
<p>I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.</p> <p>Signature of Claimant/Payee _____ Date _____</p>						
ATTORNEY CERTIFICATION						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.						
<p>Signature of Attorney or Clerk _____ Date _____</p>						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. APPROVED FOR PAYMENT						24. AMOUNT APPROVED
<p>Signature of Judge or Clerk of Court _____ Date _____</p>						